CONSTITUENT INFORMATION FORM AND PRIVACY RELEASE FOR CONGRESSWOMAN CAROLYN B. MALONEY

Name:		M F_	(check one)
Street Address:			
City:	State: NY	Zip:	
Telephone: (work) ()	(home) ()		_
E-mail address:		Birth Date:	// xx/yy/zzzz
List any and all identifying number (Social Security #, VA #, Immigra			
Briefly describe the nature of the well as any names, dates or conta If you are writing on behalf of an her contact information and, if po	act numbers you think may he nother individual, include his	elp the Cong or her relati gn this form a	resswoman's inquiry. onship to you, his or as well):
PLEASE READ AND SIGN BE	ELOW:		
I understand that the Privacy Acagency from releasing information permission. I hereby authorize Cobtain such information from ginvestigating and resolving the co	ion they may have in my Congresswoman Carolyn Male covernment agencies as may	name withou oney and me be required	nt my knowledge or mbers of her staff to
Signature	 Da	te	

Please return to: Congresswoman Carolyn B. Maloney, 1651 Third Avenue, Suite 311, New York, NY 10128